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**MARINE PILOTS LIABILITY INSURANCE
MARINE PILOTS PERSONAL ACCIDENT INSURANCE**

Combined proposal form - confidential

- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet.
- When returning this form to the address shown above, it would also assist our understanding of your business if you could include a copy of your company brochure, report and accounts or any other literature relevant to the services you provide.

Your company name and address:			
Telephone 	Fax 	E-mail 	
Internet web site address:			
Date company established:			
Please list the names of the pilots for which insurance is required, noting their professional qualifications / number of years experience:			
Please describe your area of operation.			
Is this an area of compulsory pilotage?			
Does this pilotage require transfer by helicopter?			
Estimated number of vessels piloted each year and approximate percentage breakdown between type			

Please detail names of any trade associations to which you are affiliated or are members:		
Have you obtained quality assurance accreditation from any internationally recognised organisation?	If yes, please specify:	
Your annual gross income (pilotage fees) for the <u>last financial year</u>:	What is your estimated annual income for <u>this financial year</u>:	Please forecast your annual income for the <u>next financial year</u>:
(*please state currency)	(*please state currency)	(*please state currency)

What do you understand to be the immunity / limitation of liability that may be available to you under Statute?		
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Your trading conditions:

- do you have any standard trading conditions or contracts?

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If yes, please attach a copy

- do you require ship owners to sign an indemnity holding you harmless?

Your claims history:

In the last five years have any:

- liability claims been made against you:

.....

- circumstances arisen that could have resulted in a liability claim being made against you:

.....

If yes to either of the above, please attach full details:

Your present insurance:

- Are you currently insured for pilots liability? If so, by who?

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- Do you require a specific limit of indemnity and/or deductible to be quoted?

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Declaration:

Has any insurer ever:

- **declined to insure you**
- **cancelled your insurance**
- **refused to renew your insurance**
- **imposed special terms**

If yes, please attach full details

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name

Position

Signed

Date